
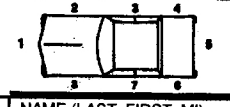


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-1946		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 02 10 2015		DAY Monday	
CRASH OCCURRED ON 300 E. Silver St.				WITHIN THE INTERSECTION OF Parking Lot				TIME: MILITARY 0930			
IF NOT IN INTERSECTION MILES 150 FEET W N E S OF N. East				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 08303			
LOG		LOG		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
OWNER (IF SAME AS DRIVER, WRITE SAME) Douglas R Schubert II		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
VEH YR 1995		MAKE Honda		MODEL 4S		COLOR White		STYLE 4S		STATE OH	
LICENSE PLATE NO. GJQ4060		TOWING SERVICE		VEH/PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE	
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO							
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C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED	
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